

State of Arizona Board of Psychologist Examiners 2007 - 2009

INSTRUCTIONS FOR LICENSE RENEWAL ACTIVE OR INACTIVE STATUS

All licensees, regardless of status, are required by law to complete and return the enclosed Application for License Renewal form with the required fee. Applications, if mailed, must be postmarked before May 1, 2007, and if hand-delivered, must be in the Board's office and date stamped by the close of business on April 30, 2007, **to avoid the \$200 late penalty**. All licenses expire on May 1, 2007 unless renewed.

Renewals cannot be processed unless you have enclosed (1) the completed application form, (2) attachments with explanations if you answered "No" to question 5 or "Yes" to questions 6-15, (3) the completed pink confidential information sheet, and (3) the \$400 active renewal fee or a \$50 inactive renewal fee. The fee must be made payable to the **BOARD OF PSYCHOLOGIST EXAMINERS** in the form of a personal check, cashiers check or money order. Incomplete applications will be returned to the licensee. **Resubmitted applications are still subject to the May 1, 2007 deadline.**

Pursuant to A.R.S. § 32-2074(B), a notice of renewal is fully effective by mailing the renewal application to the licensee's last known address of record in the Board's file. Notice is complete at the time of deposit in the mail. **NO OTHER REMINDER NOTICES WILL BE MAILED. IT IS YOUR OBLIGATION TO CONTACT THE BOARD IF YOU DO NOT RECEIVE THE RENEWAL MATERIALS.** If you have misplaced your renewal application or need a new form, you may download the form at the Board's website, www.psychboard.az.gov.

IF YOU DO NOT RECEIVE YOUR LICENSE RECEIPT WITHIN 2 WEEKS OF MAILING YOUR RENEWAL APPLICATION, CALL (602) 542-8162 OR E-MAIL info@psychboard.az.gov TO INQUIRE WHETHER YOUR RENEWAL FORM AND FEE WERE RECEIVED. Please note that Board staff is not authorized to make out of state calls.

REINSTATEMENT OF AN EXPIRED LICENSE

Pursuant to A.R.S. § 32-2074(B), if a psychologist permits his or her license to expire, the psychologist shall not practice psychology in Arizona.

- (1) A licensee may renew an expired Active license by paying the \$400 renewal fee and the \$200 reinstatement fee before July 1, 2007.
- (2) A licensee may renew an expired Inactive license by paying the \$50 renewal fee and the \$200 reinstatement fee before July 1, 2007.
- (3) From July 1, 2007 until May 1, 2008, a license may be reinstated by paying the \$400 renewal fee, the \$200 reinstatement fee, and by providing proof of competency and qualifications to the Board.
- (4) If a psychologist does not renew or reinstate his or her license prior to May 1, 2008, in order to be licensed in Arizona again, the psychologist will be required to reapply for licensure and go through the entire application process including meeting current qualification requirements and taking any required examinations.

THESE REQUIREMENTS ARE DETERMINED BY STATUTE. NEITHER THE BOARD NOR ITS STAFF HAS THE AUTHORITY TO WAIVE OR ALTER ANY PART OF THE STATUTE.

ALL LICENSEES REGARDLESS OF STATUS MUST COMPLETE THE ATTACHED PINK MANDATORY CONFIDENTIAL INFORMATION FORM

State of Arizona Board of Psychologist Examiners
2007 - 2009

CHECKLIST FOR COMPLETION OF RENEWAL FORM
ACTIVE, INACTIVE OR REACTIVATION OF LICENSE, RETIREMENT

**** ALL LICENSEES ****

- ___ Did you complete all information requested and answer all questions on page 1?
- ___ Did you answer "Yes" or "No" to all of the questions listed on pages 2 and 3?
- ___ If you answered "Yes" to any question(s) listed on pages 2 or 3, did you provide a written explanation or attach any necessary documentation?
- ___ Have you signed and dated the bottom of page 3?
- ___ Have you completed the pink Mandatory Confidential Information form?
- ___ If, your renewal is postmarked or hand delivered to the Board on or after May 1, 2005, have you also included the mandatory \$200 late fee? **(THE BOARD CANNOT WAIVE THIS LATE FEE AS IT IS DETERMINED BY STATUTE).**

**** ACTIVE LICENSEES ****

- ___ Did you check that you are requesting Active status on page 1?
- ___ Did you include your \$400 renewal fee with your renewal application?

**** INACTIVE LICENSEES ****

- ___ Did you check the applicable status you are requesting (Voluntary, Medical, Medical Inactive Continuation) and sign and date on page 1 AND on page 3?
- ___ If you checked Voluntary Inactive status, did you include the \$50 renewal fee?
- ___ If you checked Medical Inactive status, did you include a verification of your disability and the refundable \$400.00 renewal fee?
- ___ Did you indicate the type of disability on page 1?
- ___ If you checked Medical Inactive Continuation status, no fee is required, but did you indicate the type of disability on page 1?

**** REQUEST FOR REACTIVATION OF LICENSE ****

- ___ Did you check that you are requesting Reactivation of License on page 2?
- ___ Did you include the \$400 Active renewal fee with your renewal application?
- ___ Did you include copies of your continuing education hours?

**** NOTICE OF RETIREMENT/EXPIRATION OF LICENSE ****

- ___ Did you check that you are requesting Retirement/Expiration of License on page 2 and sign and date on page 3? (You may leave the rest of the Application form blank).

State of Arizona Board of Psychologist Examiners
APPLICATION FOR LICENSE RENEWAL – 2007-2009
ACTIVE OR INACTIVE STATUS

If this information is needed in an alternative format, please call (602) 542-8162.

Name (Last, First, Middle) (Please Print)

License No.

The Board is mandated by law to obtain a public address from its licensees. The address you list below will be used for the Internet and will be available upon request to other agencies and the general public. Your application for renewal cannot be processed without this information. If you do not choose a preferred public address, the Board will use your business address for public records. If you do not have a business address, the Board will use your home address for public records.

Business/Organization Name

(_____) _____
Business Area Code & Phone No.

Business/Public Address

(_____) _____
Fax No.

City State Zip Code

Should the Board use this address for mailings to you? Yes No , Please use my home address provided on the pink Mandatory Confidential Information page.

CHECK THE LICENSE STATUS THAT YOU ARE REQUESTING:

REQUEST FOR ACTIVE STATUS	
	If you wish to maintain your license on active status which allows you to practice in Arizona through April 30, 2009, please submit this Application for License Renewal form and the \$400 Active license renewal fee . Please note that you must have completed 60 hours of continuing education (or the prorated amount for those licensed after May 1, 2005).
REQUEST FOR INACTIVE STATUS	
Voluntary Inactive:	If you do not practice in Arizona, you may complete and submit this Application for License Renewal form and the \$50 Inactive license renewal fee to request that your license be placed (or remain) on Voluntary Inactive status. While on Voluntary Inactive Status, you shall not practice in Arizona. You must, however, comply with the renewal requirements in each renewal cycle and will be required to have completed continuing education prior to any future reactivation of your license.
Medical Inactive: (a) Mental (b) Physical	If you currently have any condition which prevents you from practicing as a psychologist, pursuant to A.R.S. §32-2073(E), you must complete and submit this Application for License Renewal form and provide written medical or psychological documentation to substantiate that the disability prevents you from practicing as a psychologist. YOU MUST ALSO ENCLOSE THE \$400 RENEWAL FEE WITH YOUR REQUEST. This fee will be returned if you are granted Medical Inactive status. While on Medical Inactive status due to a physical or mental incapacity or disability, you shall not practice psychology. You must, however, comply with the renewal requirements in each renewal cycle.
Medical Inactive Continuation: (a) Mental (b) Physical	If you are currently on Medical Inactive status and wish to continue on Medical Inactive status, you must complete and submit this Application for License Renewal form. No renewal fee is required.

IF YOU ARE REQUESTING INACTIVE STATUS, PLEASE SIGN BELOW AND COMPLETE THE REMAINDER OF THESE FORMS

I affirm that I will abide by Arizona Revised Statutes § 32-2061, et. seq. during my inactive status, will describe myself as Inactive and will not practice psychology within the State of Arizona, pursuant to A.R.S. § 32-2073.

Signature

Date

CHECK THE LICENSE STATUS THAT YOU ARE REQUESTING:

REQUEST FOR REACTIVATION OF LICENSE	
	If you wish to return to active status, you must submit this Application for License Renewal form along with the \$400 Active license renewal fee and copies of your continuing education hours , before providing psychological services. The Board staff will determine whether you have had disciplinary actions in other jurisdictions (if applicable) and whether you have satisfied the continuing education requirements applicable to psychologists on active status. If approved, your license will then be reactivated by Board staff and the decision will be ratified by the Board.
NOTIFICATION OF RETIREMENT/EXPIRATION OF LICENSE	
	Check this box if you wish to retire and allow your license to expire. No fee is required. Your license will expire on April 30, 2007 and you will receive no further contact from the Board. You may skip to the bottom of page 3 which requires your signature and a date.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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| 1. Are you currently licensed or certified as a psychologist in another jurisdiction? If yes, in which jurisdiction(s)? | Yes | No |
| <hr/> | | |
| 2. Are you currently a licensed or certified member of another profession? If yes, which profession(s) and in which jurisdiction(s)? | Yes | No |
| <hr/> | | |
| 3. By April 30, 2007, will you have completed the required 60 hours of Continuing Education (CE), or the pro-rated amount if you are a new licensee, 40 hours of which must be in Category I, with four of those hours in ethics and four hours in either child abuse or domestic violence? (Inactive licensees or those requesting inactive status do not have to attach an explanation for answering "No".) | Yes | No |
| <p>Note: Documentation of CE hours <u>should not</u> be submitted with this Application for License Renewal form, but must be retained as random audits will be conducted by the Board to determine licensees' compliance with the CE requirements.</p> | | |
| 4. Are you currently a member of any hospital staff or provider panel or other professional association? If "Yes", please list them: | Yes | No |
| <hr/> | | |
| <hr/> | | |
| 5. Have you prepared a written protocol for the secure storage, transfer and access of the medical records of your clients pursuant to A.R.S. § 32-3211? If "No", please attach an explanation. | Yes | No |
| 6. Excluding exam failures, have you been denied a license or certificate to practice any profession by any state or Canadian province? | Yes | No |
| 7. Since May 1, 2005, have you relinquished responsibilities, resigned a position or been terminated while a complaint against you was being investigated or adjudicated? | Yes | No |
| 8. Since May 1, 2005, have you resigned or been terminated from a professional organization, hospital staff, or provider panel or surrendered a license while a complaint against you was being investigated or adjudicated? | Yes | No |
| 9. Since May 1, 2005, have you been disciplined by any agency or regulatory board of any jurisdiction (including the Arizona Board of Psychologist Examiners), health care institution, provider panel or ethics panel for acts pertaining to your conduct as a psychologist or as a professional in any other field? If yes, please attach a report of those actions including the name and address of the disciplinary entity, the nature of the action, and a statement of the charges and findings. | Yes | No |

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|---|-----|----|
| 10. Since May 1, 2005, have you been charged with or convicted of a felony or a misdemeanor other than a minor traffic offense in any state or country? | Yes | No |
| 11. Since May 1, 2005, have you been or are you currently under investigation by any professional organization, health care institution or provider panel of which you are a member or on staff, or a regulatory board or agency (including the Arizona Board of Psychologist Examiners) concerning the ethical propriety or legality of your conduct? | Yes | No |
| 12. Since May 1, 2005, have you been sued or charged in civil or criminal court for an act relating to your practice as a psychologist, your work under a license or certificate in another profession, or your work as a member of a profession? | Yes | No |
| 13. Since May 1, 2005, have you been or are you currently delinquent in payment of a judgment for child support? | Yes | No |
| 14. Since May 1, 2005, have you had your application for membership in any professional organization rejected, or has any professional organization suspended or revoked your membership or placed you on probation or otherwise censured you for unethical or unprofessional conduct or other violation of eligibility or membership requirements? | Yes | No |
| 15. Since May 1, 2005, do you have or have you had a condition that in any way impairs or limits your ability to safely and effectively practice psychology? | Yes | No |

**IF YOU ANSWERED "NO" TO QUESTION #5 OR "YES" QUESTIONS #6 THROUGH 15,
PLEASE ATTACH A FULL EXPLANATION**

ALL LICENSEES REGARDLESS OF STATUS MUST READ AND SIGN THE ATTESTATION BELOW

Pursuant to A.R.S. §§ 32-2061(A)(13) and 32-2081(A), any false or misleading information provided to the Board may be cause for probation, suspension, or revocation of a psychologist's license. I hereby attest and certify under penalty of perjury that I am the person who completed and signed this form; that the statements herein contained are true in every respect; that I have not withheld any information that might affect my licensure or my inactive status as a psychologist; that I will conform to the standards of professional conduct as defined in A.R.S. § 32-2061 and the rules pertaining thereto. I further hereby attest that the signature below is my own signature.

Signature of Licensee

Date

Printed Name

License No.

Arizona Board of Psychologist Examiners Mandatory Confidential Information

(for Board Use Only)

Name (Last, First, Middle)

Other Names Used (Last, First, Middle, Maiden)

Residential Address* (P.O. BOX NOT ACCEPTABLE)

Mailing Address (If different from above)

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Check here to indicate if residential address is the same as your business address

(_____) _____
Home Phone No.

Date of Birth**

(_____) _____
Home Fax No.

Social Security Number*** (Required)

E-mail Address

Please provide an **E-mail address** if you wish to receive updates from the Board, including **The Examiner** newsletter.

* THE BOARD DOES NOT DISCLOSE A LICENSEE'S RESIDENTIAL ADDRESS UNLESS IT IS THE ONLY ADDRESS PROVIDED TO THE BOARD.

** THE BOARD DOES NOT DISCLOSE A LICENSEE'S DATE OF BIRTH.

*** A.R.S. §§ 25-320(N) and 25-502(K) MANDATES THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATES SHALL OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR A PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. SOCIAL SECURITY NUMBERS WILL NOT BE DISCLOSED EXCEPT WHEN DISCLOSURE IS REQUIRED BY LAW, SUCH AS DISCIPLINARY REPORTS TO THE NATIONAL DATA BANK OR TO AID THE DEPARTMENT OF ECONOMIC SECURITY IN LOCATING PARENTS OR THEIR ASSETS OR TO ENFORCE CHILD SUPPORT ORDERS.

(Revised 11/06)

Applications/confidential.doc/Net